

**Department of Disabilities and Special Needs  
Drug Test Program**

**Consent and Acknowledgment Form  
For  
Reasonable Cause**

As an employee of the South Carolina Department Disabilities and Special Needs, I hereby consent to and acknowledge that I am scheduled to undergo a drug/alcohol test. The test will involve an analysis of a urine, saliva, blood and/or breath sample which I will provide at a designated collection site. The purpose of the test will be to detect the presence of the following substances: marijuana/cannabinoids (THC), cocaine metabolites, opiates, phencyclidine (PCP), amphetamines/methamphetamines, and/or alcohol. I acknowledge that the test result will be made available to the appropriate Human Resource Management Director. I understand that a refusal to submit to a drug or alcohol test, a confirmed positive test result or tampering or attempting to tamper with a drug or alcohol sample will result in disciplinary action as outlined in the Department's Alcohol and Drug Free Workplace Policy.

I acknowledge that a copy of this form will be maintained in the Human Resource Management office.

Name of Employee: \_\_\_\_\_

Division/Institution Name: \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of HRM Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Refused to Sign (Witness)

\_\_\_\_\_  
Date